

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME **Puget Sound Energy**
 ADDRESS **P.O. Box 97034**
Bellevue, WA 98009
 COUNTY **Lewis**
 FACILITY **Jackson Prairie Gas Storage Facility**
 LOCATION **239 Zandecki Road**
Chehalis, WA 98532

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WA00040827
PERMIT NUMBER

001
Cowlitz River
DISCHARGE NUMBER

Submit Monthly

**NOTE: Read instructions
before completing this form.**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Flow	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		2,200,000	gpd					0	Continuous	Metered
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

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Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Submit Monthly

NAME **Puget Sound Energy**
ADDRESS **P.O. Box 97034**
Bellevue, WA 98009

COUNTY **Lewis**
FACILITY **Jackson Prairie Gas Storage Facility**
LOCATION **239 Zandecki Road**
Chehalis, WA 98532

WA00040827
PERMIT NUMBER

002 Underground Wastewater Injection at Injection Well SU-909
DISCHARGE NUMBER

NOTE: Read instructions
before completing this form.

☐ Injection has not begun

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				

PARAMETER		QUANTITY OR LOADING			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Maximum Instantaneous	MAXIMUM DAILY	MONTHLY CUMULATIVE				
Flow*	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT	n/a	499,000	n/a	gpd	0	01/01	Continuous Recorder
Wellhead injection pressure	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT	800	n/a	n/a	psi	n/a	01/01	Continuous Recorder
Casing Pressure	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT	n/a	Report	n/a	psi	n/a	01/01	Continuous Recorder
Volume of Injected Wastewater*	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT	n/a	n/a	Report	gallons	n/a	01/01	Continuous Recorder
Bottom Hole Pressure*	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT	n/a	Report	n/a	psi	n/a	01/01	Continuous Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)	TELEPHONE		DATE		
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

*After Start of Injection (see S.3.B)

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Chehalis, WA 98532

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WA00040827
PERMIT NUMBER

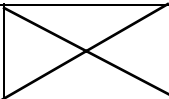
003 SU-904
DISCHARGE NUMBER

Submit Monthly

**NOTE: Read instructions
before completing this form.**

☐ **Injection has not begun**

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01	FROM			TO

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Bottom Hole Pressure*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		Report	psi					0	01/30	Calculated
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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 LOCATION **239 Zandecki Road**
Chehalis, WA 98532

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WA00040827
PERMIT NUMBER

004
Wastewater Injection at
Injection Well SU-909
DISCHARGE NUMBER

Submit Quarterly

**NOTE: Read instructions
before completing this form.**

☐

Injection has not begun

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01	TO			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				Report		Report	s.u.	n/a	01/90	Grab
Conductivity	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		Report	microohms/cm					n/a	01/90	Grab
Total Dissolved Solids	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab
Sodium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab
Chloride	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE			
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Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Submit Yearly

NAME **Puget Sound Energy**
ADDRESS **P.O. Box 97034**
Bellevue, WA 98009

COUNTY **Lewis**
FACILITY **Jackson Prairie Gas Storage Facility**
LOCATION **239 Zandecki Road**
Chehalis, WA 98532

WA00040827
PERMIT NUMBER

004 Wastewater Injection at Injection Well SU-909
DISCHARGE NUMBER

NOTE: Read instructions before
completing this form.

☐ Injection has not begun

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01	TO			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Turbidity*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	NTU	n/a	01/365	Grab
Color*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	s.u.	n/a	01/365	Grab
Total Hardness*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Total Alkalinity*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Calcium*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Magnesium*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Potassium*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE			
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*After Start of Injection (see S.3.B)

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Submit Yearly

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COUNTY **Lewis**
 FACILITY **Jackson Prairie Gas Storage Facility**
 LOCATION **239 Zandecki Road**
Chehalis, WA 98532

WA00040827
PERMIT NUMBER

004 Wastewater Injection at Injection Well SU-909
DISCHARGE NUMBER

**NOTE: Read instructions
before completing this form.**

☐ **Injection has not begun**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
		01			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Iron (Total)*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Aluminum*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Sulfate*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Nitrate*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Arsenic*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Fluoride*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Mercury*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE			
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

*After Start of Injection (see S.3.B)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Submit Yearly

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COUNTY **Lewis**
 FACILITY **Jackson Prairie Gas Storage Facility**
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Chehalis, WA 98532

WA00040827
PERMIT NUMBER

004 Wastewater Injection at Injection Well SU-909
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

☐ **Injection has not begun**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Cadmium*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Lead*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Zinc*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Manganese*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Silica*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
BTEX*	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE		DATE		
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

Submit Quarterly

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WA00040827
PERMIT NUMBER

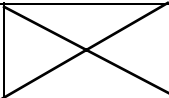
0005- Monitoring Well Up-gradient from Collection Pond
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

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MONITORING PERIOD						
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		01				

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Total Dissolved Solids	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab
Chloride	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab
Sodium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab
BTEX	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab
Conductivity	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Microohms/cm	mg/L	n/a	01/90	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)	TELEPHONE		DATE		
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WA00040827
PERMIT NUMBER

0006- Monitoring Well Down-gradient from Collection Pond
DISCHARGE NUMBER

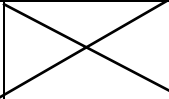
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YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE								
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS											
Total Dissolved Solids	SAMPLE MEASUREMENT																		
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab								
Chloride	SAMPLE MEASUREMENT																		
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab								
Sodium	SAMPLE MEASUREMENT																		
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab								
BTEX	SAMPLE MEASUREMENT																		
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab								
Conductivity	SAMPLE MEASUREMENT																		
	PERMIT REQUIREMENT						Microohms /cm	mg/L	n/a	01/90	Grab								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE											
TYPED OR PRINTED																			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER		YEAR	MO	DAY								

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Submit Yearly

NAME **Puget Sound Energy**
ADDRESS **P.O. Box 97034**
Bellevue, WA 98009

COUNTY **Lewis**
FACILITY **Jackson Prairie Gas Storage Facility**
LOCATION **239 Zandecki Road**
Chehalis, WA 98532

WA00040827
PERMIT NUMBER

0007- Monitoring Well Down-gradient from Injection Well Su-909
DISCHARGE NUMBER

**NOTE: Read instructions
before completing this form.**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
		01			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Total Dissolved Solids	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Chloride	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Sodium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/365	Grab
Conductivity	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Microohms /cm	mg/L	n/a	01/365	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

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